| SUMMARY REPORT DIGEST-                |
|---------------------------------------|
| COMPLAINT REGISTER INVESTIGATION NO.: |
| CHICAGO POLICE DEPARTMENT             |

|        | DATE OF REPORT (DAY-MOYEAR |
|--------|----------------------------|
| 187096 | 7 340 2 51                 |

Fo be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED, or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

|                                                                 | SUBMIT O                                                                                                                                                                                                                                            | RIGINAL AND 3 COPIES<br>RIGINAL AND 4 COPIES                                                                                                                                             |                                                  |              |                                                                                     |                                                                       | - 2                                                                                                                                                                            | Negri                                | 1,74<br>-3              |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|
|                                                                 | TO: " SUPERINTEND ATTENTION                                                                                                                                                                                                                         | DENT OF POLICE  Output  Dent of Police  Administrator  Dent  Assistant dept                                                                                                              | R IN CI                                          | HARGE, OFFIC | CE OF PROFE                                                                         | SSION/                                                                | AL STANDARDS                                                                                                                                                                   | 5                                    | 2"-                     |
|                                                                 | OM-INVESTIGATOR'S NAME                                                                                                                                                                                                                              | i i dis play i wa.                                                                                                                                                                       | RANK                                             | STAR NO.     | SOCIAL SEC N                                                                        | 0                                                                     | FMPI OVEF NO.                                                                                                                                                                  | 1 9                                  | JNIT ASSIGN.            |
| AL                                                              | PLOSE L. CICTRO                                                                                                                                                                                                                                     | 8 12 12 GE                                                                                                                                                                               | Ethiops<br>Egg?                                  | DATE OF INCI | 91 20W                                                                              |                                                                       | JA T                                                                                                                                                                           | 1-57 FLANT                           | LOCATION CODE           |
| -                                                               | NAME<br>1. CLOVER, ICLVIII.                                                                                                                                                                                                                         |                                                                                                                                                                                          | RANK                                             |              | SOCIAL SEC N                                                                        | 0                                                                     | EMPLOYEE NO.                                                                                                                                                                   |                                      | JNIT ASSIGN.            |
| 4                                                               | 2.0 1000 1111 (1, 1, 1)                                                                                                                                                                                                                             |                                                                                                                                                                                          |                                                  | Lin Terror   | · Year Year                                                                         | 286                                                                   | of the s                                                                                                                                                                       | -                                    | 27                      |
| ACCUSED                                                         | 5EX/RACE D.O.B.                                                                                                                                                                                                                                     | DATE OF APPOINTME                                                                                                                                                                        | NT                                               | DUTY STATUS  | (TIME OF INCI                                                                       |                                                                       | SWORN CIVILIAN                                                                                                                                                                 |                                      | OND TO T                |
| ACCL                                                            | 2.                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                  | □ ON DUT     |                                                                                     |                                                                       | SWORN CIVILIAN                                                                                                                                                                 | -                                    |                         |
|                                                                 | 1. 3                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                  |              | COURT BRANC                                                                         |                                                                       | SPOSITION & DA                                                                                                                                                                 | TE                                   |                         |
| _                                                               | 2.                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |                                                  |              |                                                                                     |                                                                       |                                                                                                                                                                                |                                      | 30 V                    |
| COMPLAIN-                                                       | NAME                                                                                                                                                                                                                                                | *ADDESS**                                                                                                                                                                                |                                                  | CITY STAT    | TELEBRO                                                                             |                                                                       | X/RACE D.O.B.,                                                                                                                                                                 | AGE<br>52                            | CODET                   |
| VICTIMS                                                         | NAME                                                                                                                                                                                                                                                | ADDRESS**                                                                                                                                                                                |                                                  | CITY STAT    | E TELEPHO                                                                           | NE SE                                                                 | X/RACE D.O.B.                                                                                                                                                                  | AGE                                  | PHYS.<br>COND.<br>CODET |
| WITNESSES                                                       | NAME                                                                                                                                                                                                                                                | ADDRESS**                                                                                                                                                                                |                                                  | CITY STAT    | TELEBHO                                                                             | Street T. Marrier                                                     | X/RACE D.O.B.                                                                                                                                                                  | AGE                                  | PHYS.<br>COND.<br>CODET |
| MITIM                                                           |                                                                                                                                                                                                                                                     |                                                                                                                                                                                          |                                                  |              |                                                                                     | 20                                                                    | -H/E                                                                                                                                                                           | 3                                    | 01                      |
| ALLEGATIONS                                                     | SEE ATTACHED SHEET FOR ADDITIO                                                                                                                                                                                                                      | llegon that a                                                                                                                                                                            | pol:                                             |              |                                                                                     | i - 22°<br>L. 76 i                                                    | d car wi                                                                                                                                                                       | Velu<br>To                           | lie i                   |
| 1.A<br>01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10 | .D. LOCATION CODES*  Food Sales/Restaurant Tavern/Liquor Store Other Business Establishment Police Building Lockup Facility Police Maintenance Facility CPD Automotive Pound Facility Other Police Property Police Communications System Court Room | 11 Public Transpo<br>12 Park District Pr<br>13 Airport<br>14 Public Property<br>15 Other Private P<br>16 Expressway/Ini<br>17 Public Way - Oi<br>18 Waterway, Inci<br>19 Private Residen | operty  - Other remise terstate s ther . Park Di | System       | 01 No<br>02 No<br>03 Inj<br>04 Inj<br>05 Inj<br>06 Inl<br>07 Inj<br>08 Inj<br>09 De | Visible Visible ured, No ured, Ho ured, Ho ured, Ho ured, Re ured, Re | . CONDITION COI<br>Injury - Apparently<br>Injury - Under Inflict<br>of Hospitalized - Un<br>sspitalized - Under I<br>fused Medical Ald<br>fused Medical Aid<br>Under Influence | / Nori<br>uence<br>ider li<br>influe | nfluence<br>ence        |

\*\* IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX.

|               | who was not present                                                         | e outside number #8714                                                    |                                                   | that a police officer in                                                        |
|---------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|
| SUMMARY       | assigned to beat 814 off. W. Watson #1417                                   | on the date and time                                                      | s investigation reveale<br>in question, with off. |                                                                                 |
|               | F/B/14 (see att #6 )                                                        | 3. The R/Sgt<br>who related that off.<br>long. The R/Sgt inters           | riewed one witness for                            | one anguage toward her when anguage towar                                       |
| งกร           | att #9 and 10 ) stat:<br>witness, one<br>not use any profane                | ing that off. Glover of<br>H/B/59 ( see at                                | lid not use any profane                           | ers Glover and Watson ( s<br>language, also from one<br>states that the off, di |
|               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                       |                                                                           |                                                   | ·                                                                               |
|               |                                                                             |                                                                           |                                                   |                                                                                 |
|               | (i) * * *                                                                   |                                                                           | ă.                                                | 0                                                                               |
| ATTACH-       | INVESTIGATIVE REPORTS—<br>SUPPORTING ALLEGATION<br>LIST ATTACHMENT NUMBERS; | INVESTIGATIVE REPORTS— SUPPORTING ACCUSED MEMBEI LIST ATTACHMENT NUMBERS: | LIST ATTACHMENT NUMBERS                           | **                                                                              |
| <b>∀</b> ≥    | 6 and 7                                                                     |                                                                           | U ha gitad hu numbay anh. One siy                 | 10 erall recommendation for Disciplinary                                        |
|               | Action will be made by the Inves-<br>for each sustained allegation.         | tigator. The recommendation will disciplinary action warranted. 2.        | ll be for ALL sustained findings; rec             | nanded. 3. That the accused member                                              |
|               | The R/Sgt can only to NCN SUSTAINED.                                        | conclude from all of t                                                    | the confiloting statemen                          | ts that this allegation                                                         |
| S Z           | (9)                                                                         |                                                                           |                                                   |                                                                                 |
| ATIONS        | FIND                                                                        | INGS& ALLEGATION # 1                                                      | NON SUSTAINED                                     | c a                                                                             |
| KECOMMEND,    | DISC                                                                        | IPLINARY ACTION:                                                          | NONE WOT                                          | SUSTATURS "                                                                     |
| IN DINGS - KE |                                                                             |                                                                           |                                                   | 1                                                                               |
| 2             | 271 0                                                                       |                                                                           | "REVIEWE                                          | Horizon                                                                         |

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence

DATE INITIATED
(DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION)

DATE COMPLETED 14 SEPT 91 (DATE OF THIS REPORT)

ELAPSED TIME (TOTAL TIME, EXPRESSED IN DAYS)

10

Investigator will initiate the Command Channel Review form by completing the Investigator's Section.

support or do not support the allegation(s).

In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplin

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